State of California Office of Administrative Law

In re:

California Health Facilities Financing Authority

Regulatory Action:

Title 4, California Code of Regulations

Adopt sections:

7113, 7114, 7115, 7116, 7117, 7118, 7119, 7120, 7121, 7122, 7123, 7124, 7125, 7126, 7127, 7128, 7129

Amend sections: Repeal sections:

NOTICE OF APPROVAL OF CERTIFICATE OF COMPLIANCE

Government Code Section 11349.1 and 11349.6(d)

OAL File No. 2014-0825-03 C

The California Health Facilities Financing Authority submitted this timely certificate of compliance to make permanent the emergency regulations adopted in OAL file no. 2013-1114-02E, re-adopted in OAL file no 2014-0506-01EE and again in OAL file no. 2014-0729-01EE. The emergency rulemaking adopted sections 7113 through 7129 in Title 4 of the California Code of Regulation, implementing SB 82 and SB 101. These statutes provide additional funding to counties to improve access and capacity for crisis services for Californians affected by mental health disorders.

OAL approves this regulatory action pursuant to section 11349.6(d) of the Government Code.

Date:

10/6/2014

Beverly J. Johnson

Deputy Director

For:

DEBRA M. CORNEZ

Director

Original: Barbara J. Liebert Copy: Rosalind Brewer

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STATE OF CALIFORNIA-OFFICE NOTICE PUBLIC STD: 400 (REV. 01-2013)	GEF	31	1.0	ıctions on rse)	For use by Secretary of State only	
OAL FILE NOTICE FILE NUMBER NUMBERS 7_2014-0623-01	REGULATORY ACT	10N NUMBER	EMERGENCY NUMBE	R	ENDORSED FILED	
For use by Office of Administrative Law (OAL) only					HI THE OFFICE OF	
	Tor use by office or Marian	2014 AUG 25	PM 1:49		2014 OCT -6 PM 2: 46	
		*0FF1 C *0*ENUSTRA	E OF THE LAW		DEBRA BOWEN SECRETARY OF STATE	
NOTICE	NOTICE REG		EGULATIONS			
AGENCY WITH RULEMAKING AUTHORITY CA Health Facilities Financing	<u> </u>		AGENCY FILE NUMBER (If any)			
PUBLICATION OF NOTICE SUBJECT OF NOTICE	E (Complete for pub	lication in Notice Re	gister) FIRST SECTION AFFE	ECTED	2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE Notice re Proposed Regulatory Action Other	4. AGENCY CON	NTACT PERSON	TELEPHONE NUMBER		FAX NUMBER (Optional)	
OAL USE ACTION ON PROPOSED Approved as Submitted	NOTICE Approved as Modified	Disapproved/ Withdrawn	NOTICE REGISTER N	UMBER) ファ	PUBLICATION DATE 7/4/2014	
B. SUBMISSION OF REGULA	ATIONS (Complete wi	nen submitting regu	lations)			
1a. SUBJECT OF REGULATION(S) 1b. ALL PREVIOUS RELATED C					DAL REGULATORY ACTION NUMBER(S) D506-01EE, 2014-0729-01EE	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS T	TITLE(S) AND SECTION(S) (Including t i I ADOPT	itle 26, if toxics related)				
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.) TITLE(S) Der agency		5, 7117, 7118, 7119, 71	20, 7121, 7122, 7	123, 7124,	7125, 7126, 7127, 7128, 7129	
Title 4 per agency	N.					
3. TYPE OF FILING						
Regular Rulemaking (Gov. Code §11346) Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	before the emergency regulation was adopted or within the time period required by statute. File & Print Print Only					
Emergency (Gov. Code, §11346.1(b)) Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) Other (Specify)						
4. ALL BEGINNING AND ENDING DATES OF AVAILA	ABILITY OF MODIFIED REGULATIONS A	AND/OR MATERIAL ADDED TO THE RI	ULEMAKING FILE (Cal. Code	Regs. title 1, §44	and Gov. Code §11347.1)	
EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11 Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) CHECK IF THESE REGULATIONS REQUIF	Effective on filing with Secretary of State	h §100 Changes Witho Regulatory Effect	other (Specif	***************************************	ID ENTITY	
Department of Finance (Form STD. 39		Fair Political Practi		TIER AGENCT C	State Fire Marshal	
Other (Specify)		3				
r. contact person Rosalind Brewer		TELEPHONE NUMBER 916-653-2799	FAX NUMBER (C	Optional)	E-MAIL ADDRESS (Optional)	
8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.					Office of Administrative Law (OAL) only	
SIGNATURE OF DESIGN	and the same of th	DATE 8/25	14		OCT 0 6 2014	
TYPED NAME AND TITLE OF SIGNATORY Ronald Washington, Executive	Director, CA Health Fa	cilities Financing Auth	ority	C	Office of Administrative Law	